

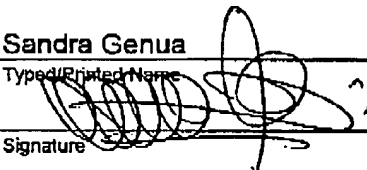


RECEIVED
CENTRAL FAX CENTER

DEC 02 2005

Western Digital Corporation
20511 Lake Forest Drive, E118-G
Lake Forest, California 92630

Tel: 949.672.7000
Fax: 949.672.6604

TO: COMMISSIONER FOR PATENTS, U.S. PATENT & TRADEMARK OFFICE		
FAX NO: (571) 273-8300 (GENERAL/MAIN FAX LINE)		
NO. OF PAGES: Cover + 2		
CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below. Sandra Genua Typed/Printed Name  Signature Dec. 02, 05 Date	APPLICATION NO.	10/087,505
	FILING DATE	03/01/2002
	FIRST NAMED INVENTOR	Seagle, et al.
	ART UNIT	2652
	CONFIRMATION NO.	4063
	EXAMINER	Davis, David Donald
	ATTORNEY DOCKET NO.	RR1764/2349P
TITLE	METHOD AND SYSTEM FOR PROVIDING A WRITER HAVING A SHAPED PEDESTAL	

ATTACHED WITH THIS SUBMISSION:

1. Revocation Of Power Of Attorney With New Power of Attorney and Change of Correspondence Address (1 page)
2. Statement Under 37 CFR 3.73(b) (1 page)

PLEASE CONFIRM RECEIPT OF THIS TRANSMISSION. IF THERE IS ANY PROBLEM WITH THIS TRANSMISSION, PLEASE CALL SANDRA GENUA AT (949) 672-7780.

CONFIDENTIALITY NOTE

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION MAY BE LEGALLY PRIVILEGED AND IS CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IT IS EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW, INCLUDING COURT ORDERS, IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THIS FACSIMILE TRANSMISSION TO THE INTENDED RECIPIENT. YOU ARE HEREBY NOTIFIED THAT ANY USE, DISSEMINATION, DISTRIBUTION OR COPY OF THIS FACSIMILE TRANSMISSION OR ITS INFORMATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS FACSIMILE TRANSMISSION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEFAX OR TELEPHONE USING THE ABOVE NUMBERS AND AIRMAIL THIS FACSIMILE TRANSMISSION BACK TO US IMMEDIATELY. THANK YOU.

Z:\vol1\UP PROGRAM\PICT\FCT 02 RR File transfer\TRANSFER\2_FORMS\RR1764_Faxcover USPTO.doc

RECEIVED
CENTRAL FAX CENTER

DEC 02 2005

PTO/SB/82 (09-03)

Approved for use through 11/30/2005. OMB 0551-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/087,505
	Filing Date	03/01/2002
	First Named Inventor	Seagle, et al.
	Art Unit	2652
	Examiner Name	Davis, David Donald
	Attorney Docket Number	RR1764/2348P

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

35219

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

35219


OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Milad G. Shara, Esq., Reg. No. 39,367		
Signature			
Date	November 29, 2005	Telephone	(949) 672-7814

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED
CENTRAL FAX CENTER

DEC 02 2005

PTO/SB/96 (09-04)

Approved for use through 07/31/2008. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Seagle, et al. / Western Digital (Fremont), Inc.Application No./Patent No.: 10/087,505 Filed/Issue Date: 03/01/2002Entitled: METHOD AND SYSTEM FOR PROVIDING A WRITER HAVING A SHAPED PEDESTALWestern Digital (Fremont), Inc. a corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

A ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

B ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: Inventors To: Read-Rite Corporation
The document was recorded in the United States Patent and Trademark Office at Reel 012734, Frame 0244, or for which a copy thereof is attached.
2. From: Read-Rite Corporation To: Western Digital (Fremont), Inc.
The document was recorded in the United States Patent and Trademark Office at Reel 014506, Frame 0765, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.



Signature

Milad G. Shara, Esq., Reg. No. 39,367

Printed or Typed Name

Chief Patent Counsel

Title

November 29, 2005

Date

(949) 672-7814

Telephone Number

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.